

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90215 034 ***150.00

DOCUMENT # P03000153165					
1. Entity Name INDIAN EXPERIENCE INC.					
Principal Place of Business 782 NW 42 AVE 629 MIAMI, FL 33126			Mailing Address 782 NW 42 AVE 629 MIAMI, FL 33126		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04192006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-0624607				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLADO AND ASSOCIATES 782 NW LE JEUNE ROAD 629 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: CHAWLA, SUNIL B STREET ADDRESS: 782 NW 42 AVE #629 CITY-ST-ZIP: MIAMI, FL 33126			TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>SUNIL CHAWLA - DIRECTOR</u> 04/28/06 305-443-3056					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					